

**INDIANA BOARD OF ANIMAL HEALTH
IMS/NONIMS**

Checked in by _____

Size of temp. control _____

[illegible]

* Roese Gottlieb performed

Remarks:

Analysts: _____

Reviewed by: _____

Date Reported: _____

CHARM AND DELVO QC Check test(s) performed <input type="checkbox"/> Charm SL Pos. control _____ Neg. control _____ <input type="checkbox"/> Other _____ Pos. control _____ Neg. control _____ <input type="checkbox"/> Delvo P 5 Pack (results marked with D)	PETRIFILM AEROBIC COUNT (PAC) QC Raw temperature at plating _____ Medium lot # _____ Incubator temperature _____ Air plate _____ 11 ml pipette plate _____ Pipdil/water/media plate _____	Date Plated: _____ Time Plated: _____
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Date Rcvd:
Time Rcvd:

IMS NONIMS

Indiana State Board of Animal Health

Manufactured Product Sheet---Cheese and Butter

Manufacturer _____ Plant code _____ City _____ Dealer _____

Remarks _____ Date collected _____ Embargo YES NO Sanitarian _____

Please check appropriate test boxes

Net wt. oz.	%Fat	Percent Moisture content	%Fat in moist free subs	Cont. size	Lot #	Product name and seal ID	Lab number	Petrifilm Y & M cfu/g	Staph. Aureus cfu/g	Sal.	List. mono	E. coli MPN /g	Phos. mU/l	
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Analyst: _____ Reviewed by: _____ Date Reported: _____
Page _____ of _____

Staph QC

Media Type: _____
Media lot #: _____
Coagulase Plasma Lot #: _____
Staph. API Lot #: _____
Pos. Control: Pass Fail
Neg. Control: Pass Fail

Salmonella QC

Lactose Broth Lot #: _____
BHI Broth Lot #: _____
Bax Lot #: _____
API strip Lot #: _____
Pos. Control: Pass Fail
Neg. control: Pass Fail

Listeria monocytogenes QC

Enrichment Broth Lot #: _____
Mops Bleb Lot #: _____
Bax Lot #: _____
Listeria API strip Lot #: _____
Pos. Control: Pass Fail
Neg. Control: Pass Fail

E. coli QC

LST Broth Lot #: _____
EC broth Lot #: _____
Levine EMB Lot #: _____
API strip Lot #: _____
Pos. Control: Pass Fail
Neg. Control: Pass Fail

Petrifilm Yeast and mold QC

Lot number: _____
Air plate: _____
Water, media, pipdil plate: _____
11 ml pipette plate: _____

Indiana State Board of Animal Health
 Manufactured Products—Ice Cream, Related Products, and Dried Milk

IMS NONIMS

Manufacturer _____ Plant Code _____ City _____ Dealer _____

Remarks _____ Date collected _____ Embargo YES NO Sanitarian _____

Please check appropriate test boxes

Net wt.	%Fat	acidity	% Total solids	Lbs. solids /gal	Cont size	Lot #	Product name and seal ID	Lab number	PAC cfu/g	PCC cfu/g	Sal.	L. mono	
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>													

Date plated _____

Air plate _____ 11 ml pip.

High sensitivity lot # _____

Salmonella QC

BHI broth lot #

API strip lot #

Neq Control	PASS	FAIL
1	1	0
2	1	0
3	1	0
4	1	0
5	1	0
6	1	0
7	1	0
8	1	0
9	1	0
10	1	0
11	1	0
12	1	0
13	1	0
14	1	0
15	1	0
16	1	0
17	1	0
18	1	0
19	1	0
20	1	0
21	1	0
22	1	0
23	1	0
24	1	0
25	1	0
26	1	0
27	1	0
28	1	0
29	1	0
30	1	0
31	1	0
32	1	0
33	1	0
34	1	0
35	1	0
36	1	0
37	1	0
38	1	0
39	1	0
40	1	0
41	1	0
42	1	0
43	1	0
44	1	0
45	1	0
46	1	0
47	1	0
48	1	0
49	1	0
50	1	0
51	1	0
52	1	0
53	1	0
54	1	0
55	1	0
56	1	0
57	1	0
58	1	0
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62	1	0
63	1	0
64	1	0
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66	1	0
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68	1	0
69	1	0
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78	1	0
79	1	0
80	1	0
81	1	0
82	1	0
83	1	0
84	1	0
85	1	0
86	1	0
87	1	0
88	1	0
89	1	0
90	1	0
91	1	0
92	1	0
93	1	0
94	1	0
95	1	0
96	1	0
97	1	0
98	1	0
99	1	0
100	1	0

Enrichment broth lot #

Bay lot # _____

Pos control	PASS	FAIL
Exhibitor 1	2	2
Exhibitor 2	2	2
Exhibitor 3	2	2
Exhibitor 4	2	2
Exhibitor 5	2	2
Exhibitor 6	2	2
Exhibitor 7	2	2
Exhibitor 8	2	2
Exhibitor 9	2	2
Exhibitor 10	2	2
Exhibitor 11	2	2
Exhibitor 12	2	2
Exhibitor 13	2	2
Exhibitor 14	2	2
Exhibitor 15	2	2
Exhibitor 16	2	2
Exhibitor 17	2	2
Exhibitor 18	2	2
Exhibitor 19	2	2
Exhibitor 20	2	2
Exhibitor 21	2	2
Exhibitor 22	2	2
Exhibitor 23	2	2
Exhibitor 24	2	2
Exhibitor 25	2	2
Exhibitor 26	2	2
Exhibitor 27	2	2
Exhibitor 28	2	2
Exhibitor 29	2	2
Exhibitor 30	2	2
Exhibitor 31	2	2
Exhibitor 32	2	2
Exhibitor 33	2	2
Exhibitor 34	2	2
Exhibitor 35	2	2
Exhibitor 36	2	2
Exhibitor 37	2	2
Exhibitor 38	2	2
Exhibitor 39	2	2
Exhibitor 40	2	2
Exhibitor 41	2	2
Exhibitor 42	2	2
Exhibitor 43	2	2
Exhibitor 44	2	2
Exhibitor 45	2	2
Exhibitor 46	2	2
Exhibitor 47	2	2
Exhibitor 48	2	2
Exhibitor 49	2	2
Exhibitor 50	2	2
Exhibitor 51	2	2
Exhibitor 52	2	2
Exhibitor 53	2	2
Exhibitor 54	2	2
Exhibitor 55	2	2
Exhibitor 56	2	2
Exhibitor 57	2	2
Exhibitor 58	2	2
Exhibitor 59	2	2
Exhibitor 60	2	2
Exhibitor 61	2	2
Exhibitor 62	2	2
Exhibitor 63	2	2
Exhibitor 64	2	2
Exhibitor 65	2	2
Exhibitor 66	2	2
Exhibitor 67	2	2
Exhibitor 68	2	2
Exhibitor 69	2	2
Exhibitor 70	2	2
Exhibitor 71	2	2
Exhibitor 72	2	2
Exhibitor 73	2	2
Exhibitor 74	2	2
Exhibitor 75	2	2
Exhibitor 76	2	2
Exhibitor 77	2	2
Exhibitor 78	2	2
Exhibitor 79	2	2
Exhibitor 80	2	2
Exhibitor 81	2	2
Exhibitor 82	2	2
Exhibitor 83	2	2
Exhibitor 84	2	2
Exhibitor 85	2	2
Exhibitor 86	2	2
Exhibitor 87	2	2
Exhibitor 88	2	2
Exhibitor 89	2	2
Exhibitor 90	2	2
Exhibitor 91	2	2
Exhibitor 92	2	2
Exhibitor 93	2	2
Exhibitor 94	2	2
Exhibitor 95	2	2
Exhibitor 96	2	2
Exhibitor 97	2	2
Exhibitor 98	2	2
Exhibitor 99	2	2
Exhibitor 100	2	2

INCG COLLOID T LAYER	T LAYER
ECC SOLIDS OF	

Sample	dish	%	Wt.
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[illegible]

